California Nonresident or Part-Year Resident Income Tax Return 1997

540NR

	Fiscal	year filers, enter year ending: month	
0. 4	Your firs	t name Initial Last name Your social security number Do Not W	
Step 1	1 1	, , , , , , ,	
Name	If joint re	turn, spouse's first name Initial Last name Spouse's social security number	
and	1 1	, , , , , , , , , , , , , , , , , , , 	
Address	Present	home address — number and street including PO Box or rural route Apt. no.	
Use mailing	1 1		
label or print.	City, tow	n or post office State ZIP Code R	
print.	1 1		
Ctop 2	1	☐ Single	
Step 2	2	☐ Married filing joint return (even if only one spouse had income)	
Filing Statu	•	☐ Married filing separate return. Enter spouse's social security number above and full name here	
Charle only one		Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter child's name here.	
Check only one.	5		
<u> </u>	6	If your parent(s), or someone else, can claim you (or your spouse, if married) as a dependent on their tax return,	
Step 3		check the box here	
Exemptions	_ 7	Personal: If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2.	
Attach check or		If you checked the box on line 6, see instructions	
money order and Form 540-V here.	8	Blind: If you (or if married, your spouse) are visually impaired, enter 1. If both are visually impaired, enter 2 8	
Tomi 540-V fiere.	9	Senior: If you (or if married, your spouse) are 65 or older, enter 1. If both are 65 or older, enter 2 • 9	
	10	Dependents: Enter name and relationship. Do not include yourself, your spouse or the person listed on line 4.	
		Enter the total number of dependents 10	_
	11	Add line 7 through line 10. These are your total exemptions	_
Step 4			
Taxable		Total California wages from all your Form(s) W-2, box 17 • 12	
Income	13	Federal adjusted gross income from Form 1040, line 32; Form 1040A, line 16;	ı
		Form 1040EZ, line 4; TeleFile Tax Record, line H; or Form 1040NR, line 32	_
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 32, column B. • 14	_
		Caution: If the amount on Schedule CA (540NR), line 32, column B is a negative number, see instructions.	
		Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	<u> </u>
	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 32, column C • 16	
		Caution: If the amount on Schedule CA (540NR), line 32, column C is a negative number, see instructions.	
		Adjusted gross income from all sources. Combine line 15 and line 16	\vdash
	18	Enter the Your California itemized deductions from Schedule CA (540NR), line 39; OR	
Attach copy of you Form(s) W-2, W-20		larger of: Your California standard deduction shown below for your filing status:	
1099-R, 592-B,	,	Married filing joint, Head of household, or Qualifying widow(er) . \$5,166 Single on Married filing agreements.	
594 and 597 here.		Single or Married filing separate	
	10	(Dependent of someone else and checked box on line 6 See instructions) J • 18	
	19 20	Subtract line 18 from line 17. If less than zero, enter -0 This is your taxable income	_
Step 5	20	California adjusted gross income from Schedule CA (540NR), line 32, column E • 20	
Tax	22	Tax on the amount shown on line 19. Check if from:	
	22	☐ Tax Table ☐ Tax Rate Schedules ☐ FTB 3800 or ☐ FTB 3803	
		Caution: If under age 14 and you have more than \$1,300 of investment income, read the	_
		line 22 instructions to see if you must attach form FTB 3800.	
	23	Exemption credits.	
		Caution: See the line 23 instructions before making an entry on this line.	
		Check if from ☐ Flowchart ☐ Federal AGI limit or ☐ California TMT limit	
	24	Subtract line 23 from line 22. If less than zero, enter -0	
		Ratio. Enter the ratio from Schedule CA (540NR), line 33	
		Multiply line 24 by the ratio on line 25a	
		Tax. Check if from Schedule G-1, Tax on Lump-Sum Distributions; and	
	-	☐ form FTB 5870A, Tax on Accumulation Distribution of Trusts	
	27	Add line 25b and line 26. Continue to Side 2	L
			-

Cton 6	28	Amount from Side 1, line 27	28
Step 6	31	Credit for joint custody head of household. See instructions • 31	
Credits	32	Credit for dependent parent. See instructions	_
	33	Credit for senior head of household. See instructions	_
			36
	36		I
	37		> 37
	38		38
	39		39
	40	To claim more than three credits, see instructions	40
	42	Add line 36 through line 40. These are your total credits	42
	43	Subtract line 42 from line 28. If less than zero, enter -0	
Step 7	44	Alternative minimum tax. Attach Schedule P (540NR)	I
•	45	Other taxes and credit recapture. See instructions	
Other Taxes	46	Add line 43 through line 45. This is your total tax	1 46
Ston Q	47	California income tax withheld. Enter total from your 1997 Form(s) W-2,	
Step 8		W-2G, 1099-MISC, 1099-R, 592-B, 594 or 597. Also attach the Form(s) to Side 1 47	_
Payments	48	1997 CA estimated tax and amount applied from your 1996 return. Include	
		the amount from FTB 3519 or Schedule K-1 (541) and K-1 (568)	_
	50	Did either you or your spouse receive more than \$31,767 in wages in 1997?	
		Yes. See instructions No. Go to line 51	_
	51	Add line 47 through line 50. These are your total payments	51
Cton O	52	Overpaid tax. If line 51 is more than line 46, subtract line 46 from line 51	52
Step 9	53		53
Overpaid			■ 54
Tax or	54 ==	·	
Tax Due	55	Tax due. If line 51 is less than line 46, subtract line 51 from line 46	55
Step 10	56	Contribution to California Seniors Special Fund. See instructions • 56	_
Contribution		You may make a contribution of \$1 or more to:	
Continuation	¹³ 57	Alzheimer's Disease/Related Disorders Fund	
	58	California Fund for Senior Citizens	_
	59	Rare and Endangered Species Preservation Program	_
	60	State Children's Trust Fund for the Prevention of Child Abuse • 6000	<u>)</u>
	61	California Breast Cancer Research Fund	<u>)</u>
	62	California Firefighters' Memorial Fund	<u>)</u>
	63	California Public School Library Protection Fund	<u>)</u>
	64	D.A.R.E. California (Drug Abuse Resistance Education) Fund	<u>)</u>
	65	California Military Museum Fund)
	66	Add line 56 through line 65. These are your total contributions	66
01 44		REFUND OR NO AMOUNT DUE. Subtract line 66 from line 54. Mail to:	
Step 11		FRANCHISE TAX BOARD, PO BOX 942840,	
Refund or		SACRAMENTO CA 94240-0000 ■ 67 🍑 📗 📗	
Amount	68	AMOUNT YOU OWE. Add line 55 and line 66. Make a check/money order payable	
You Owe	00	to "Franchise Tax Board" for the full amount. Write your social security number	
		and "1997 Form 540NR" on it. Complete Form 540-V. Attach both to the front of	
		your Form 540NR and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	
		SACRAMENTO CA 94267-0001 ■ 68 Ф	
$\equiv \overline{S}$	tep 1	69 Interest, late return penalties and late payment penalties	69
	terest		■ 70
	enaltie	WIIW 17	71 🗆
= -		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	
	Sign	knowledge and belief, it is true, correct and complete.	9
	Here	Your signature Daytime phone numb	
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	signature.	χ Date L	· + _
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	must attac	1100	
Interest Penaltie Sign Here It is unlaw forge a sp signature. Important must attac copy of ye federal rel this return		to the state of th	
	reaerai ret this return		